

General Delivery  
Moose Factory  
POL 1W0

John Gibson  
Burlington Spectator

6 December 1992

Dear John,

Thanks very much for your time on the phone, discussing environmental sensitivities. I hope you will pass on the enclosed materials to Mssrs. Kislenko and Bendetti. *+ the Editor -*

I'd appreciate it if you could have a look at the testimony I gave before the Standing Committee on Social Development last year. It outlines pretty much what I've been saying since 1979.

The medical evidence has been around for decades if not centuries. The experience has existed for generations, probably for all time. The consequence of arbitrarily dismissing sensitivities includes increased disability, damages, and deaths, including several suicides, some referred to in the enclosed material. Donna Stewart's work, for instance, has been directly linked to abuses causing at least one suicide, that of Henry Weitowitz, of Timmins.

Senior officials in the Ontario government, including staff in the relevant program office and the most senior political offices know (and have, before being elected to government, advocated on the fact) that there is a very high probability that some percentage of psych patients have sensitivities as the cause of their central nervous system dysfunction, who are not being screened out of the general psychiatric population.

These persons are being subjected to what, for persons with sensitivities, is horrific abuse. Central nervous system symptoms in the 1985 report by Thomson and his panel of five doctors include anxiety, depression, hallucinations, suicide, terrors, mood swings, learning disabilities, and so on. These symptoms can be brought on by hospital environments, and by even the most innocuous medications, if the person is sensitive ~~to~~ substances in them.

David Reville - when he was opposition health critic - asked the Mental Health Facilities Branch if they were sure no patients were being dealt with in this inappropriate manner. The branch answered by saying they knew all about sensitivities, and that patients were tested for physical problems before potentially detrimental psychiatric interventions were embarked on.

A few months later, Mr. Reville was informed that in fact patients are not tested for sensitivities. Now he is in the premier's office, but he seems to have not realized he is in government, and that he has a responsibility to help. His most recent comment on the concern is that "they won't get very far until there's and end to all the abuses in the mental health field".

Staff in the premier's office, and staff down the line to the Mental Health Facilities Branch in the Ministry of Health, along with other branches concerned about disability and human rights issues, have all acknowledged that there is a very high probability that abuse is taking place, but give various reasons why they are not empowered to deal with it.

On the more general issue of public attitudes the Ministry of Health is scheduled to start a public education campaign this month. Contact is Anna Rose Spina, at 327-8945.

If you are reporting that some "professionals" are saying we're crackers, I hope you'll put it in context, as described in the enclosed articles from CONTENT magazine. And I hope you'll also inform your readers of what the consequences are for hundreds of people in the care of physicians who hold so tightly to such arbitrary and damaging views. It is a fact that over and over again such attitudes have caused damages and increased disability, even killed, directly or indirectly, persons with sensitivities.

Sincerely



Chris Brown  
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